

**2006 COBRA RATES – FOR ALL REGULAR ACTIVE EMPLOYEES**

PPO N – UNITED HEALTHCARE				
PLAN	MEDICAL/VISION	MEDICAL/VISION DENTAL ASSISTANCE	MEDICAL/VISION DENTAL PLUS	MEDICAL/VISION WILLAMETTE DENTAL
Individual	\$613.02	\$630.21	\$646.03	\$652.86
Individual + 1	\$1,194.42	\$1,226.97	\$1,256.93	\$1,270.09
Individual + More than 1	\$1,717.68	\$1,770.87	\$1,819.83	\$1,841.17

GROUP HEALTH OPTIONS (POS)				
PLAN	MEDICAL/VISION	MEDICAL/VISION DENTAL ASSISTANCE	MEDICAL/VISION DENTAL PLUS	MEDICAL/VISION WILLAMETTE DENTAL
Individual	\$383.23	\$400.42	\$416.24	\$423.07
Individual + 1	\$701.32	\$733.87	\$763.83	\$776.99
Individual + More than 1	\$1,176.53	\$1,229.72	\$1,278.68	\$1,300.02

COBRA DENTAL RATES FOR <u>ALL</u> REGULAR ACTIVE EMPLOYEES			
LEVEL OF COVERAGE	DENTAL ASSISTANCE	DENTAL PLUS	WILLAMETTE DENTAL
Individual	\$17.19	\$33.01	\$39.84
Individual + 1	\$32.55	\$62.51	\$75.67
Individual + More than 1	\$53.19	\$102.15	\$123.49